



HISTORIC PRESERVATION TAX CREDIT & NEIGHBORHOOD PRESERVATION TAX CREDIT – FORM 2 – FINAL APPROVAL

PLEASE CHECK ONE

- ☐ NEIGHBORHOOD PRESERVATION ACT
☐ HISTORIC PRESERVATION TAX CREDIT
☐ BOTH

LOG NUMBER

QUALIFYING/ELIGIBLE (DED INTERNAL USE ONLY)

PART 1A.

REQUESTOR

1. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME

DEVELOPERS-COMplete THIS SECTION

Partnership
☐ General
☐ Limited

Corporation
☐ Regular
☐ Subchapter 8
☐ Trust
☐ Limited Liability Company

HOMEOWNERS-COMplete THIS SECTION

☐ Property Owner ☐ Other

NAME OF AUTHORIZED COMPANY OFFICIAL

TITLE

MAILING ADDRESS

BUSINESS ADDRESS

CITY/TOWN

CITY/TOWN

STATE

ZIP CODE

STATE

ZIP CODE

TELEPHONE

FAX

TELEPHONE

FAX

TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)

TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)

E-MAIL ADDRESS

E-MAIL ADDRESS

TAXPAYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER (IF MORE THAN ONE PERSON IS CLAIMING THE TAX CREDIT, SUBMIT ADDITIONAL SHEET(S) LISTING NAME, ADDRESS, PHONE NUMBER AND TAXPAYER IDENTIFICATION NUMBER FOR ALL INDIVIDUALS/ENTITIES CLAIMING THE CREDIT).

2. PROJECT CONTACT

☐ Applicant ☐ Owner ☐ Other (Consultant, etc.)

NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

FAX

3. PROPERTY INFORMATION			
ADDRESS			
CITY/TOWN		STATE	ZIP CODE
COUNTY	CENSUS TRACT	CENSUS BLOCK	
4. OWNER INFORMATION (IF APPLICANT IS OTHER THAN OWNER. IF OWNER IS SAME WRITE "SAME".)			
NAME			
ADDRESS			
CITY/TOWN		STATE	ZIP CODE
TELEPHONE	FAX		
5. PROJECT INFORMATION			
PROJECT STARTING DATE		PROJECT COMPLETION DATE	
PROPERTY TYPE AFTER REHABILITATION OR CONSTRUCTION <input type="checkbox"/> Single family <input type="checkbox"/> Multi-family		WAS THE PROPERTY VACANT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long?	
NUMBER OF UNITS REHABBED	NUMBER OF UNITS CREATED	PERCENTAGE OF UNIT THAT IS OWNER-OCCUPIED	
WILL THE PROPERTY RECEIVE TAX ABATEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long of a period?			
ARE THERE OTHER FEDERAL OR STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, WHICH FEDERAL OR STATE PROGRAM? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Missouri Housing Development Commission <input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Community Development Block Grant <input type="checkbox"/> Neighborhood Preservation Act Tax Credit Program <input type="checkbox"/> State Historic Preservation Tax Credit Program <input type="checkbox"/> Federal Historic Preservation Tax Credit <input type="checkbox"/> Other (please specify): </div> <div> Amount: _____ Amount: _____ Amount: _____ Amount: _____ Amount: _____ Amount: _____ </div> </div>			
CHECK LIST OF REQUIRED ITEMS: <input type="checkbox"/> Photographs of completed work <input type="checkbox"/> List of itemized expenditures (NPA – E Form) <input type="checkbox"/> Certification of Alien Employment Form <input type="checkbox"/> Local Municipality Code Approval		AFTER COMPLETION – RETURN TO: Missouri Department of Economic Development Redevelopment Program Harry S Truman Building, 301 West High Street, Room 770 PO Box 118 Jefferson City, MO 65102 If you have questions, please call (573) 522-8004.	